

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)**

SERIAL NO

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1						61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
10	1						70						
11							71						
12							72						
13							73						
14	1						74						
15							75						
16		1					76						
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38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL NO.	3						TOTAL NO.						
TOTAL DEF.	13						TOTAL DEF.						
TOTAL	16						TOTAL						